Loss of Financial Aid Appeal Form

APPEAL DECISION IS NEEDED FOR (CIRCLE Appropriate Semester)

| Fall 2015 | Spring 2016 | Summer 2016 |

DEADLINE FOR SUBMITTING APPEALS FOR SATISFACTORY ACADEMIC PROGRESS ELIGIBILITY:

**5 BUSINESS DAYS BEFORE THE FIRST DAY OF CLASS DURING TERM SELECTED ABOVE**

Mr. Miss/Ms./Mrs.

Name

PRCC ID: ___________________________ Major ___________________________ Date of Birth ___________________________

Month/Date/Year

Current Mailing Address

P.O./Street Address ___________________________ City/State __________ Zip Code ___________________________

E-Mail: ___________________________ Cell(post) ________ Home Phone (______) ___________________________

Please check the category that applies to you and follow the instructions for that category. ALL appeal requests must be accompanied by a Personal Statement explaining your relevant circumstances along with documentation from the selected category. (No Exceptions)

① (1) Death in the Immediate Family: Immediate family means parent, grandparent, spouse, sibling, or child. Attach a photocopy of the death certificate or of the obituary and complete the following information:

Name of deceased: ___________________________

Relationship to you: ___________________________

② (2) Illness/Injury/Medical Condition: You (the student), your spouse, or your dependent children were injured or ill for an extended period of time. Attach a copy of a statement from your physician and complete the following information:

Nature of illness/injury/medical condition: ___________________________

Dates of illness/injury/medical condition: ___________________________

③ (3) Exceeded Credit Hour Limit: A letter must accompany this appeal from a faculty advisor or counselor indicating the courses remaining to complete degree. The letter should also indicate the date of completion for the degree.

④ (4) Other: Appeals that will be considered beyond the control of the applicant. Complete Documentation must be attached.

Nature of the unexpected circumstance: ___________________________

Date of the unexpected circumstance: ___________________________

Documentation: No appeal will be reviewed unless complete documentation is attached. Print your name and PRCC ID Number on all attachments or enclosures.

If this appeal is approved and your financial aid is reinstated, it will not be retroactive for any terms when these standards were not met. If approved, you must maintain satisfactory academic progress. The decision of the Office of Financial Aid is final and cannot be appealed to the U.S. Department of Education.

Pearl River Community College offers equal education and employment opportunities. We do not discriminate on the basis of race, religion, color, sex, age, national origin, veteran status, or disability. For inquiries regarding the non-discrimination policies or to request accommodations, special assistance, or alternate format publication, please contact Tonia Moody, ADA/Civil Rights Coordinator, at P.O. Box 5118, Poplarville, MS 39470, or via telephone at (601) 403-1060.
Loss of Financial Aid Appeal Form

CERTIFICATION STATEMENT

By signing this form, I certify that the information on this form is truthful and accurate. If I purposely give false or misleading information, I understand that I may be fined $10,000 or that I am subject to imprisonment, or both, in accordance with federal law.

Signature:__________________________________________

Date:______________________________________________

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NOTE TO STUDENTS: Students should allow 7-10 working days for the processing of all appeals. Appeals submitted during periods of high office traffic, such as registration cycles, will take longer to review and process.

FAA Office Use Only:

| Approved | Denied |

FAA Comments:

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